

FLINT-GOODRIDGE HOSPITAL

Dr. A. H. Gee

**Superintendent's
Report
1938**

Flint-Goodridge Hospital has many functions, at least two of which may be characterized by a picturesque figure,

In terms of the United States coast guard services, Flint-Goodridge is a LIFE SAVING STATION and it is also a LIBRARY.

As a life saving station, the hospital, by day and by night, during the course of 1938 served 10,268 individual patients in the various departments.

Twenty-four hours a day, 365 days a year, Flint-Goodridge doctors, nurses and hospitalians serve as life savers.

"A hospital may be a distinguished institution, no matter what its size.

If it is great in spirit, original in its outlook, creative in its service and inspiring in its community relationships, it will assume a definite personality."

Negro physicians, opportunities for further development through contact with large quantities of clinical material.

Prior to the establishment of the new Flint-Goodridge Hospital in 1932, this situation existed in New Orleans. The inclusion in the Flint-Goodridge staff of competent consultants from the Tulane University and Louisiana State University medical school faculties has made of Flint-Goodridge a hospital in which staff members have direct contact with other men of broad experience in the practice of medicine.

Flint-Goodridge Hospital has many functions, at least two of which may be characterized by a picturesque figure.

~~Extract B~~ In terms of the United States coastal services, Flint-Goodridge is a LIFE SAVING STATION and it is also a LIGHTHOUSE.

~~Extract C~~ As a life saving station, the hospital, by day and by night, during the course of 1938 served 10,288 individual patients in its various departments. ~~the advantage which our active staff has taken~~

Twenty-four hours a day, 365 days a year, Flint-Goodridge doctors, nurses and technicians serve as life savers.

As a lighthouse, Flint-Goodridge sends the beacons of science in many directions along the way of the practice of medicine.

Draw a line from Chicago to Kansas City, then to Saint Louis, and through Nashville down to New Orleans. West of that line (with the possible exception of the Pacific coast) there is not to be found a single hospital approved by the standardizing agencies, in which a Negro physician holds a staff appointment. This situation denies Negro doctors opportunities for further development through contact with large quantities of clinical material.

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CASE PENDING AND MEDICAL STAFF ADVANCES

In 1932 all active staff members were given the same rank, except Doctor Frederick who, from the beginning has served as chief of surgery. By the end of 1938 there is one other chief, 11 senior associates, 14 junior associates and 3 clinical assistants. All promotions are based on professional ability. This marked progress is striking evidence of the advantage which our active staff has taken of the opportunities afforded them.

TEST X-RAY SERVICE IS AVAILABLE FOR PERSONS FOUND TO HAVE SYPHILIS

SUMMER COURSE FOR DOCTORS

We have extended our educational functions to doctors beyond New Orleans. During the summers of the past three years, we have conducted a two week postgraduate course for physicians. The faculty for these courses has been made up principally of professors in the Tulane and the Louisiana State medical schools, supplemented by one or two men from our own active staff and some nationally known Negro teachers from other schools.

Since the inauguration of the Flint-Goodridge course in 1936, postgraduate or refresher courses have been offered on a somewhat similar plan in many other places, namely, Chicago, Durham, Nashville, Columbia, South Carolina, and Prairie View College, Texas. To the Flint-Goodridge courses have come 20% of the doctors living in Louisiana, Mississippi, Alabama, Texas and Arkansas and a few from Florida, Oklahoma, Kansas, Kentucky and Virginia. Of the doctors living in Louisiana, one-third have attended at least one of the courses.

Through blood testing, drugs and x-rays, the doctors are afforded an opportunity through conference with themselves and teachers from local medical

MEDICAL STATISTICS

SUMMER COURSE FOR DOCTORS

CASE FINDING AND STAFF STUDY IN TUBERCULOSIS AND SYPHILIS

A project including the staff members was begun in October 1938 for (a) finding syphilis and tuberculosis among their own private patients and (b) study in the diagnosis and treatment of syphilis and tuberculosis. To each doctor participating in the project, the hospital furnishes a supply of tuberculin for skin testing for tuberculosis and gives a free blood testing service for syphilis. For persons reacting positively to the tuberculin test, a free x-ray service is available. For persons found to have syphilis free drugs are supplied.

The doctors participating in this project attend a course of study, arranged and directed by Doctor J. H. Musser, chairman of our Medical Advisory Board and head of the department of medicine at Tulane. The group meets weekly from October through May for a one and one-half hour period. The study consists of didactic lectures, pathological and clinical demonstrations and actual performance in the clinics.

The interest of the hospital in this project is two-fold. First, by finding cases of tuberculosis and syphilis in the early stages, the incidence of spread of these diseases is lessened. The cost of treatment is lowered, and non-suspecting persons are made aware of diseases which frequently develop into advanced stages without their or their doctors' knowledge. Secondly, along with the economic advantage of not having to collect from patients the cost of blood testing, drugs and x-rays, the doctors are afforded an opportunity through conference with themselves and teachers from local medical

schools to keep abreast with latest procedures in the treatment of these two very prevalent diseases. The only cost to the patient is the doctor's office visit fee. The doctor retains as a private patient persons of small means who, if it were not for this project, might learn of their disease too late, or even if they knew early, would be forced into clinics for treatment.

The standard charge for a blood test for syphilis in our laboratory is \$2.00. A chest x-ray is \$10.00. The estimated cost to a private patient of a full course of drugs for a syphilis case is \$70.00. The drugs and x-ray films used in this project are contributed by an anonymous donor. The services and equipment used are financed by the hospital.

MONTHLY SEMINARS

Beginning in October 1938 a series of monthly seminars was instituted to which the doctors living within a radius of 150 miles of New Orleans are invited. These seminars are conducted by heads of departments in the medical schools, or by departmental heads at Flint-Goodridge. Particularly to the doctors in nearby rural areas, these seminars are penetrating beacons of light.

INTERNS AND RESIDENTS

Opportunities have been given to 24 young graduates in medicine to study further here as interns or residents. Because of the teaching interests of the hospital staff, Flint-Goodridge has been an unusually good place for young doctors to get clinical experience under excellent supervision. Of the men who have received

certificates from the new hospital 8 are now practicing in New Orleans, and each of them serves on the staff of the hospital.

FELLOWSHIP

Another phase of activity is that of securing for staff members fellowships for concentrated postgraduate study. Two staff members have completed study on fellowships. Doctor Logan W. Horton, now chief of the Departments of Eye and Ear, Nose and Throat, studied for one year at Vienna, London and Paris. Doctor C. H. D. Bowers, Senior Associate in the Department of Medicine, studied for one year at Bellevue Hospital and the New York University School of Medicine. At present Doctor N. R. Davidson, Senior Associate in the Department of Gynecology and Obstetrics, is spending a year at Harlem Hospital and the New York University School of Medicine. Each of these fellowships has been granted by the Julius Rosenwald Fund.

A LIGHTHOUSE TO THE COMMUNITY

Why should one come weekly to clinic for one to two years for "shots" simply because he has "bad blood" when there are no pains or sores?

Why should one have a "tuberculosis test" when he "looks so fat and healthy"?

Why does a pregnant woman need to go to a doctor before time for the baby to be born, or why should she go at all to a doctor? Is not a "granny" just as good until you have trouble? That's time enough to call a doctor.

These are actual questions in the minds of many clinic patients. If they are to be kept under the sustained treatment necessary to effect cures, they must be taught the value of regularity and continuity of treatment. The Flint-Goodridge plan for interpretation to patients includes the use of trained social workers and public health nurses. One can not hope for better justification than the growth in the three clinics in which public health nurses are employed.

The tuberculosis clinic, which has had a worker since 1937, showed an increase of 62% during that year over 1936. The 1938 attendance was double that of 1937. The syphilis clinic worker was added in January 1938 and the visits jumped from 3,890 in 1937 to 5,983 in 1938. The worker in maternal and infant welfare began in October 1938, but by the end of the year her work had borne such good fruit as to see large increases in both the obstetric and pediatric clinics.

However, numbers do not tell the whole story in any of these clinics. These nurses are community workers extending the services of the hospital to every corner of the city. Since the emphasis is placed on the use of adequate interpretation as an effective method for keeping patients under treatment, the field work of these nurses is under the supervision of the Director of Social Service. An attempt is made to have them combine the social work approach with nursing techniques both in the field and in the clinics.

Each new patient is seen in the home within a few days after his diagnosis has been made and discussed with him by his doctor. On

this visit, the nurse discusses with the patient his attitudes about the disease and its treatment; his understanding of the doctor's instructions; the barriers to his treatment and the necessity for regularity in clinic attendance. This technique has lessened considerably the amount of follow-up work necessary in all three clinics, for the patient is helped to understand in the beginning the necessity for regular treatment and its connection with his future health.

The nurse in maternal and child welfare also conducts group instruction in Mothers' Club meetings which are held twice each month. Here the expectant mothers learn how to care for themselves during and following pregnancy. They are also taught the proper methods of child care so that the baby is assured of continued good health after discharge from the nursery.

The services of these three public health nurses is made available by a three year grant from the Julius Rosenwald Fund.

The social service department serves as an interpreter between the doctor and patient when social difficulties interfere with treatment. These difficulties may range all the way from the patient's inability to secure the proper food to maladjustments so serious as to require a long period of social case work; or even referral to a psychiatrist.

Cooperative service to all social agencies whose clients are treated at Flint-Goodridge is another interpretative function. As a matter of conserving the funds of the hospital for services to persons most in need, no service is rendered to any patient free of charge,

subsidies and including out-of-pocket expenses certain out-of-pocket aid to patients who are unable to pay for food, clothing and medical care. This interpretation of the law has been adopted by the hospital and its auxiliary and committee which are nonprofit organizations and which meet certain requirements of service to their members. The hospital is charged to members of the auxiliary to interpret the program of the hospital to the community. The hospital assists in arranging a monthly program of health moving pictures, also lectures on health and other community problems.

The Auxiliary promotes and finances a Christmas Party for clinic children; the observance of National Hospital Day, when a party is given on the lawn for all babies born in the hospital; and a public party once each year. At this party open house is observed at the hospital and Auxiliary members serve as hostesses.

Contributions are made annually to the social service department for work with unusually needy clinic patients. All the flowers and shrubbery placed on the lawn are gifts from the Auxiliary as one of its annual projects. Each year the Auxiliary gives some article of equipment to the hospital. These gifts increase the hospital's ability to broaden its service to the community. Last year, its gift of an incubator helped us to save a large number of premature babies, because we are now able to take at Flint-Goodridge all babies prematurely born on the home delivery services of Touro Infirmary, the Child Welfare Association and Hutchinson Clinic of Tulane Medical School.

or for a part-pay rate, until the social worker scientifically investigates the need of the patient. This type of interpretation of patients' ability to pay protects the hospital from those who would abuse.

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WOMAN'S AUXILIARY

Two hundred fifty women coming from all sections of the city, have organized themselves into a Woman's Auxiliary to help interpret the program of the hospital to the community. The hospital assists in arranging a monthly program of health moving pictures, also lectures on health and other community problems.

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GROUP HOSPITALIZATION INSURANCE

On April 1, 1938 the Flint-Goodridge Group Hospital Service was given the full approval of the American Hospital Association, with forty other plans. Approval is given only to those plans are non-profit organizations and which meet certain requirements vice to their memberships. The usual rate charged to members per day. The Flint-Goodridge rate is only 1/2 per day. Much ence has been made in hospital literature to the fact that our s self-supporting with such a small membership fee. Many sub-ers hospitalized during 1938, having their hospital bills paid by group Plan would have otherwise come to us as free patients; or they would not have been able to get hospitalization at all. The nce plan very definitely meets a social need. The following indicates the growth during 1938:

	<u>12-31-37</u>	<u>12-31-38</u>
<u>MEMBERSHIP</u>		
Subscribers	1457	2136
Dependents	<u>979</u>	<u>1095</u>
Total persons covered	2436	3231
<u>EARNINGS</u>		
Membership fees collected	\$4,903.02	\$9,290.52
Less prepaid fees		<u>1,460.20</u>
Membership fees earned	\$4,903.02	\$7,830.32
<u>EXPENDITURES</u>		
Hospitalization expenses	\$2,246.70	\$4,616.68
Operating expenses	<u>2,248.28</u>	<u>2,201.38</u>
Total expenditures	\$4,494.98	\$6,818.06
<u>EARNED SURPLUS</u>	\$ 408.04	\$1,012.26

their number of patients since 1934; pediatrics has jumped from 484 patients in 1934 to 1,705 in 1938. The number of patients admitted to all clinics has steadily increased. Last year the 6,263 clinic patients made 27,356 visits, an increase of 9,171 visits over 1934. During 1938 we had a daily average of 7 more patients per day than in 1934. Although we regret that the gain in compensation cases has not been marked, we point with pride to the fact that the largest increase was in the full-pay group. A corresponding decrease in part-pay patients speaks well for the mutual benefits of our group hospitalization plan.

FINANCES

A detailed financial report is being submitted separately. However, aside from the items appearing in the financial report, the National Youth Administration spent during 1938 \$17,280.00 for labor furnished by youths who render services to the hospital while receiving training and experience as nurse-maids, orderlies, clerical and technical workers. We have been the grateful recipient of many contributions in cash and in kind, particularly, from the Ladies Societies of the Congregational Churches.

CONCLUSION

In conclusion I wish to say that this fuller development and the increase in good will, which is indicated by the growth in volume of patients, is the result of intelligent, efficient and sincere service on the part of the medical and nursing staff and every one else in the employ of the hospital. For this most loyal corps of associates, I am both grateful and appreciative.

SOME PERTINENT FIGURES

	1934	1936	1938	1939	1940
1. Hospital Patients					
Compensation	180	273	237	271	310
Other Full Pay	108	415	468	506	575
Part Pay	368	224	272	360	311
Newly Born	172	181	204	249	242
Free	442	586	640	621	682
Total	1,270	1,679	1,821	2,013	2,120
2. Days of Care Given					
Compensation	1,888	3,035	2,494	2,713	3,001
Other Full Pay	1,909	2,624	3,192	4,439	5,704
Part Pay	1,962	1,729	2,031	2,814	2,301
Newly Born	1,396	1,157	1,202	1,524	1,545
Free	5,183	5,508	5,944	6,265	6,822
Total	12,338	14,053	14,863	17,755	19,373
Average Daily Patients	33.7	38.4	40.7	48.7	52.9
Percentage of Occupancy Free	52.5	46.3	48.7	43.9	43.1
3. Individuals Admitted to Each Clinic					
Medicine	543	707	1,111	1,010	3,692
Surgery	526	697	713	691	688
Pediatrics	484	626	1,705	1,775	1,125
Gynecology & Obstetrics	423	477	557	563	621
Urology	126	170	217	229	220
Ear, Nose and Throat	276	339	426	417	419
Eye	119	149	388	308	335
Dental			1,099	1,265	997
Special	331	200	47	586	1,005
Total	2,828	3,165	6,263	6,844	9,169
4. Clinic Visits					
Medicine A	2,920	2,948	3,046	2,627	4,784
Syphilis	2,622	3,080	5,983	6,329	17,071
Tuberculosis		223	771	928	1,099
Surgery	2,657	2,988	2,590	2,100	2,077
Pediatrics	2,784	2,095	4,385	5,157	3,161
Gynecology	1,324	1,032	1,026	828	1,326
Obstetrics	906	1,073	1,058	1,509	1,574
Urology	2,109	1,540	2,350	2,020	1,885
Ear, Nose and Throat	1,476	1,388	1,941	1,903	1,651
Eye	1,056	1,078	2,275	1,859	2,189
Dental			1,884	1,958	1,585
Special	331	200	47	692	1,186
Total	18,185	17,645	27,356	27,910	39,972

5. Free Patients Admitted
for Clinical Study

Medicine	29	59	64	71	92
Surgery	91	146	173	181	189
Pediatrics	74	103	89	84	92
Gynecology & Obstetrics	141	173	134	114	161
Urology	16	14	18	22	29
Ear, Nose and Throat	82	85	137	124	93
Eye	9	6	20	19	17
Dentistry			5	6	9

Total

442 586 640 621 682

6. Special Services Rendered
Patients Treated

Surgical Operations	588	743	865	917	892
X-ray Pictures	512	620	1,304	1,637	2,188
Laboratory Tests	14,264	12,918	12,744	12,956	16,973 ^{16,79} *
Prescriptions Filled	3,026	4,274	8,871	8,766	3,051

7. Individuals Served in Emergency R

3. Average Days Sta

(a) All Patients	9.7	8.4	8.1	8.8	9.1
(b) Compensation	10.5	11.1	9.5	9.8	9.7
(c) Other Full Pay	8.3	6.3	14.6	8.7	9.9
(d) Part Pay	9.7	7.7	10.9	7.8	7.4
(e) Free	11.7	9.4	11.8	10.1	10.0

8. Birth

9. Death

10. Percent Post Mortem

11. Cost Per Patient Per Day (1)

A. All Patients	\$3.10	\$3.19	\$3.21
B. Excluding Newly Borns	3.49	3.48	3.51

13. Cost Per Clinic Visit (2)

30.5¢ 35.3¢ 25.8

(1) Does not include services for which a fee is charged in addition to regular day rate.

(2) Does not include cost of clinical teaching, field nurses or services which are not covered by the 10¢ fee.

→ Does not include drugs for helminthic infections.

✓ ~~11. Stillbirths not included~~